USAMRMC and Subordinate Commands Account Request Instructions

FORMS NEEDED:
*MRMC 25-2;
*Current IA Training Certificate

INSTRUCTIONS:

1a. *MRMC 25-2: Fill out and Sign Section A, General Information

1. SERVICES REQUESTED:	1e. PRESENT USER ACCOUNT (if applicable)	1f. REASSIGN FILES TO:
1b. Additional Account	N/A	N/A

2. TYPE OF SERVICE REQUESTED: 2a. General Basic   X 2b. Special
Special Services: ACCOUNT REQUEST: EDMS GENERAL ACCOUNT (*EXAMPLE*)

3. USER INFORMATION:
3a. Rank/Title: i.e. Mr./Ms./CPT   3b. Name (First MI Last) Requestor's Full Name
3c. Status: Military   Civilian   Student   Contractor   Foreign National (Requestor Check Applicable Box)
3d. Street Address: Organization (Mailing) Street Address   3e. Zip: Organization (Mailing) Zip Code
3f. Organization/Activity: Name of Requestor's Org. i.e. eIT PMO   3g. *Company: If Contractor, Name of Company
3h. Office Symbol: Org Office Symbol If Applicable   3i. Bldg No. / Rm. No: Insert
3j. Telephone No: Work Number   DSN: If Applicable   Fax: If Applicable

4. EFFECTIVE DATE OF REQUEST (YYYYMMDD): Insert	5. AKO E-MAIL ADDRESS: Insert AKO or Work Email

6. COMMENTS/NOTES: Requestor may add comment/note if necessary, or attach comment/notes when routing

7a. AIASO PRINTED NAME: N/A	7b. Signature: Handwritten or Electronic	7c. Date Signed: (YYYYMMDD): Insert

1b. *IA Training Attachment (If Applicable):

❖ ***MRMC HQ/Subordinate Commands:** **If** the Requestor's organization tracks IA training in *ATCTS*, *no action* is required for this step (MRMC IAM will verify training is current in ATCTS). If Requestor's organization *does not* track training in *ATCTS*, attach current IA Training Certificate.

2. ROUTING:

Requestor will email/route the MRMC 25-2 to eIT PMO Product Support

Attach IA Training Certificate, *if applicable*

REQUEST FOR COMPUTER SERVICES

AUTHORITY:	For use of this form see USAMRMC Memorandum 25-2
PRINCIPAL PURPOSE:	To request initial account or request changes to existing account.
ROUTINE USES:	To establish USAMRMC accounts.
DISCLOSURE:	Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.

SECTION A - GENERAL INFORMATION *(To be completed by AIASO)*

1. SERVICES REQUESTED:	1e. PRESENT USER ID/ACCOUNT (if applicable):	1f. REASSIGN FILES TO:
1b. Additional Account	N/A	N/A

2. TYPE OF SERVICE REQUESTED: ☐ 2a. General Basic   ☒ 2b. Special *(complete below)*

Special Services: ACCOUNT REQUEST: _____

3. USER INFORMATION:

3a. Rank/Title: _____   3b.Name *(First MI Last):* _____

3c. Status: ☐ Military   ☐ Civilian   ☐ Student   ☐ Contractor   ☐ Foreign National

3d. Street Address: _____   3e. ZIP Code: _____

3f. Organization/Activity: _____   3g. *Company: _____

3h. Office Symbol: _____   3i. Bldg No/Room No: _____

3j. Telephone No: COMM: _____   DSN: _____   FAX: _____

4. EFFECTIVE DATE OF REQUEST: *(YYYYMMDD)*	5. AKO E-MAIL ADDRESS:

6. COMMENTS/NOTES:
REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION
ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil
(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING, eIT AUP; IF APPLICABLE)

7a. AIASO Printed Name:	7b. F Yei Yghcf¨	7c. Date Signed: *(YYYYMMDD)*
N/A		

SECTION B - AUTHENTICATION *(To be completed by Responsible Functional Proponent, as appropriate)*

1. System:	2. Privileges:	3. Date Signed: *(YYYYMMDD)*	4. Proponent Signature:

SECTION C - VERIFICATION *(To be completed by Security Officer) SECTION C NOT APPLICABLE FOR eIT ACCOUNT*

1. Status:	2. Date Signed: *(YYYYMMDD)*	3. Security Officer Signature:
_____		

SECTION D - APPROVAL *(To be completed by IASO)*

1. IASO Printed Name:	2. IASO Signature:	3. Date Signed: *(YYYYMMDD)*

USAMRMC Form 25-2, Apr 2008